	Request
	For
Continued	Examination (RCE)
Т	ransmittal
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Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	09/752,817		
Filing Date	January 3, 2001		
First Named Inventor	Shunpei Yamazaki et al.		
Group Art Unit	2629		
Examiner Name	Srilakshmi K. Kumar		
Attorney Docket Number	12732-003001		

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practices under 37 C.F.R. 1.114 does not apply to any utility or plant application filed prior to June 8, 1955, or to lany design application. See Instruction Shere for RCEs (not to be submitted to the USPTIO) on page 2.

Submission required under 37 C.F.R. §1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant trustructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must require non-entry of such

Consider the arguments in the Appeal Brief or F Other	Reply Brief p	en ánnah	
ii. Other		eviously	filed on
☑ Enclosed			
i. 🛛 Amendment/Reply	tii,	\boxtimes	Information Disclosure Statement (IDS)
ii.	iv.		Other
/iscellaneous)			
Suspension of action on the above-identified application period ofmonths. (Period of suspension shall	on is request I not exceed	ed under 3 months	37 C.F.R. §1.103(c) for a ; Fee under 37 C.F.R. §1.17(i) required)
☐ Other			
The RCE fee under 37 C.F.R. §1.17(e) is required to The Director is hereby authorized to charge the folio Deposit Account No. <u>06-1050</u>			
i. RCE fee required under 37 CFR 1.17(e)			
 Extension of time fee (37 CFR 1.136 and 1.1 	17)		
iii. Other Any deficiencies			
∑The fees in the amount of \$790 for the request for on the Electronic Filing System (EFS) by way of December 1.	or continue eposit Acco	d examin unt auth	ation fee is being paid concurrently herewit ortzation.
Payment by credit card (Form PTO-2038 enclosed)		
SIGNATURE OF APPLICANT.	ATTORNEY	OR AGE	NT REQUIRED
(Print/Type) John F. Hayden,		*****************	Attorney/Agent) 37,640
se Ol- Amel	Date	a	18/06